## **PHA Plans**

## **Streamlined Annual Version**

U.S. Department of Housing and Urban Development
Office of Public and Indian

Office of Public and Indian Housing

OMB No. 2577-0226 (exp. 08/31/2009)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

## **Streamlined Annual PHA Plan**

for Fiscal Year: 2008

**PHA Name: Crosbyton Housing** 

**Authority** 

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.

form **HUD-50075-SA** (4/30/2003)

### **Streamlined Annual PHA Plan Agency Identification**

РНА	Name: Crosbyton Hou	sing Auth	nority	PH	A Number: TX1	184
PHA	Fiscal Year Beginnin	g: 07/2	008			
Pu Number	Programs Administerablic Housing and Section of public housing units:	8 Se	ection 8 Only or of S8 units:		ublic Housing Onler of public housing units	•
□PI	HA Consortia: (check be	ox if subn	nitting a joint l	PHA P	Plan and complete	table)
	Participating PHAs	PHA Code	Program(s) Inclu the Consorti		Programs Not in the Consortium	# of Units Each Progra
Particij	pating PHA 1:					
Partici	pating PHA 2:					
Partici	pating PHA 3:					
Name TDD: Publ Infor	Plan Contact Information Plan P. Doss  ic Access to Information regarding any action that apply)	on	Email (if ava	ilable):	842 Cell# (806) (crosbytonha@nts-only	line.net
•	HA's main administrative of	office	PHA'	's deve	lopment manageme	ent offices
Disp	lay Locations For PH	<b>A</b> Plans	and Support	ting D	ocuments	
public	PHA Plan revised policies of review and inspection. , select all that apply:    Main administrative offic PHA development manag Main administrative offic Public library	X Yes e of the Prement offee of the lo	No. HA ices			
PHA X	Plan Supporting Document Main business office of th Other (list below)		-		(select all that appl pment management	•

PHA Name: Housing Authority of the City of Crosbyton

HA Code: TX184

### Streamlined Annual PHA Plan Fiscal Year 2008

[24 CFR Part 903.12(c)]

### **Table of Contents**

[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

### A. PHA PLAN COMPONENTS

- Site-Based Waiting List Policies
   903.7(b)(2) Policies on Eligibility, Selection, and Admissions
- X 2. Capital Improvement Needs 903.7(g) Statement of Capital Improvements Needed
  - 3. Section 8(y) Homeownership 903.7(k)(1)(i) Statement of Homeownership Programs
  - 4. Project-Based Voucher Programs
- X 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
- X 6. Supporting Documents Available for Review
- X 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- X 8. Capital Fund Program 5-Year Action Plan

Attachment: Annual Statement/Performance and Evaluation Reports Attachment: Violence Against Women Act

### B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

**Form HUD-50076**, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*: *Board Resolution to Accompany the Streamlined Annual Plan* identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

Form HUD-50070, Certification for a Drug-Free Workplace;

Form HUD-50071, Certification of Payments to Influence Federal Transactions; and

Form SF-LLL &SF-LLLa, <u>Disclosure of Lobbying Activities</u>.

### 1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

### A. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? **NO** If yes, complete the following table; if not skip to B.

Crosbyton Housing Authority does not operate any site-based waiting list.

Site-Based Waiting Lists								
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics				

- 2. What is the number of site based waiting list developments to which families may apply at one time?
- 3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
- 4. Yes No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

### **B.** Site-Based Waiting Lists – Coming Year

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

Crosbyton Housing Authority does not operate any site-based waiting list.

1. How many site-based waiting lists will the PHA operate in the coming year? NONE

PHA Name: Housing Authority of the City of Crosbyton

HA Code: TX184

3.

2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?

If yes, how many lists?

Yes No: May families be on more than one list simultaneously

If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

PHA main administrative office

All PHA development management offices

Management offices at developments with site-based waiting lists

At the development to which they would like to apply

Other (list below)

### 2. Capital Improvement Needs

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

### A. Capital Fund Program

- 1. X Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
- 2. Yes X No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

## B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

1. Yes X No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).

PHA Name: Housing Authority of the City of Crosbyton

HA Code: TX184

### 2. Status of HOPE VI revitalization grant(s):

#### **HOPE VI Revitalization Grant Status**

- a. Development Name:
- b. Development Number:
- c. Status of Grant:

Revitalization Plan under development

Revitalization Plan submitted, pending approval

Revitalization Plan approved

Activities pursuant to an approved Revitalization Plan underway

3. Yes X No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the

Plan year?

If yes, list development name(s) below:

4. Yes X No: Will the PHA be engaging in any mixed-finance development activities

for public housing in the Plan year? If yes, list developments or activities

below:

5. Yes X No: Will the PHA be conducting any other public housing development or

replacement activities not discussed in the Capital Fund Program Annual

Statement? If yes, list developments or activities below:

### 3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program

(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1. Yes X No: Does the PHA plan to administer a Section 8 Homeownership program

pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each

program identified.)

2. Program Description:

a. Size of Program

Yes X No: Will the PHA limit the number of families participating in the Section 8

homeownership option?

If the answer to the question above was yes, what is the maximum number

of participants this fiscal year?

b. PHA-established eligibility criteria N/A

Yes No: Will the PHA's program have eligibility criteria for participation in its

Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria:

- c. What actions will the PHA undertake to implement the program this year (list)
- 3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.

Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.

Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):

Demonstrating that it has other relevant experience (list experience below):

### 4. Use of the Project-Based Voucher Program

### **Intent to Use Project-Based Assistance** Not Applicable

Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1. Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:

low utilization rate for vouchers due to lack of suitable rental units access to neighborhoods outside of high poverty areas other (describe below:)

2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

### 5. PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

- 1. Consolidated Plan jurisdiction: State of Texas
- 2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
- X The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

Other: (list below)

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments:

PHA Name: Housing Authority of the City of Crosbyton

HA Code: TX184

# 6. Supporting Documents Available for Review for Streamlined Annual PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

	List of Supporting Documents Available for Review	T =
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;	5 Year and Annual Plans
X	PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan	Streamlined Annual Plans
X	Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. X Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents.  X Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development.  X Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency

Applicable &	List of Supporting Documents Available for Review Supporting Document	Related Plan Component
On Display		
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any policies governing any Section 8 special housing types Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housinggrievance procedures  X Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures.  Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
X	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (Sectionof the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs  X Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
N/A	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). X Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
N/A	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

# 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

	osbyton modsing munomy	Grant Type and Number Capital Fund Program Grant Replacement Housing Facto	r Grant No:	350108	Federal FY of Grant: 09/2008
		d Annual Statement (rev	,		
		Performance and Evalua		TD ( 1 A (	1.0
Line No.	Summary by Development Account	Total Estima		Total Actu	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$ 6,765.00			
3	1408 Management Improvements	\$ 5,000.00			
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 2,500.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 1,000.00			
10	1460 Dwelling Structures	\$ 49,509.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	\$ 2,500.00			
13	1475 Non-dwelling Equipment	\$ 2,500.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$ 69,774.00		\$0.00	\$0.0
22	Amount of line 21 Related to LBP Activities	, , , , , ,		,	1.53
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

**Annual Statement/Performance and Evaluation Report** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) **Part II: Supporting Pages** PHA Name: Crosbyton Housing Authority **Grant Type and Number** Federal FY of Grant: 09/2008 Capital Fund Program Grant No: TX21P18450108 Replacement Housing Factor Grant No: Development General Description of Major Dev. Acct No. Quantity **Total Estimated Cost Total Actual Cost** Status of Work Categories Number Work Name/HA-Wide Activities Original Funds Obligated Funds Revised Expended 1406 \$ 6,765 TX184 LS **Operations** Management Improvement LS \$ 5,000 TX184 1408 Commissioners & Staff Training TX184 Fees & Costs 1430 LS \$ 2,500 PHA Plans, Policies & Procedures TX184 Site Improvement 1450 LS \$ 1,000 Maintain current landscaping & Fencing & Railings TX184 **Dwelling Structures** 1460 \$49,509 6 Whole unit Rehab & Maintain **Current Rehabbed Units** Non Dwelling Structures TX184 1470 5 \$ 2,500 Update & Repair Tenants & Maintenance Storages TX184 Non Dwelling Equipment \$ 2,500 1475 LS

**Update Computer & Copiers** 

# 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement				-			
Capital Fund Pro	_	_	und Prog	ram Replac	ement Housi	ing Factor	(CFP/CFPRHF)
Part III: Impleme	entation S	chedule					
PHA Name: Crosbyt	on Housing		Type and Nur				Federal FY of Grant: 09/2008
Authority				m No: <b>TX21P18</b>	450108		
Development	Δ11	Fund Obliga	cement Housin	· · · · · · · · · · · · · · · · · · ·	Funds Expende	ed	Reasons for Revised Target Dates
Number		ter Ending I			arter Ending Da		Reasons for Revised Target Dates
Name/HA-Wide	(Quai	ter Ending I	Jaic)	(Qua	inter Ending De	iic)	
Activities							
Tietry tiles	Original	Revised	Actual	Original	Revised	Actual	
TX184	09/30/10	110 / 1500	1101001	09/30/11	Tto VISCO	Tiotaai	
111101	03/20/10			03/13/0/11			

## 8. Capital Fund Program Five-Year Action Plan

<b>Capital Fund Prog</b>	ram Five-Yea	r Action Plan			
Part I: Summary					
PHA Name: Crosbyton	1 Housing			X Original 5-Year Plan	1
Authority				Revision No:	
Development	Year 1	Work Statement	Work Statement	Work Statement	Work Statement for
Number/Name/		for Year 2	for Year 3	for Year 4	Year 5
HA-Wide		EEV C	EDV.C.	EEV.C	EEV.C.
		FFY Grant: PHA FY:	FFY Grant: PHA FY:	FFY Grant: PHA FY:	FFY Grant: PHA FY:
		PHA F I :	PHAFI:	PHA FY:	PHA FT:
	Annual				
	Statement				
	Statement				
TX184		\$ 69,774.00	\$ 69,774.00	\$ 69,774.00	\$ 69,774.00
CFP Funds Listed for		\$ 69,774.00	\$ 69,774.00	\$ 69,774.00	\$ 69,774.00
5-year planning		Ψ 05,77 1100	Ψ 0,771100	φ 05,77 1100	Ψ 0>,// 1100
7 1 0					
Replacement					
Housing Factor					
Funds					

## 8. Capital Fund Program Five-Year Action Plan

Capital Fu	ınd Program Fi	ve-Year Action Plan						
Part II: Su	ipporting Pages	—Work Activities						
Activities		Activities for Year :_2	_	Activities for Year: _3				
for		FFY Grant: 09/2009		]	FFY Grant: 09/2010			
Year 1		PHA FY: 07/2009			PHA FY: 07/2010			
	Development Name/Number	Major Work Categories	<b>Estimated Cost</b>	Development Name/Number	Major Work Categories	<b>Estimated Cost</b>		
See	TX184	Operations	\$ 6,765.00	TX184	Operations	\$ 6,765.00		
Annual		Management Improvement	\$ 5,000.00		Management Improvement	\$ 5,000.00		
Statement		Training			Training			
		Fees & Costs	\$ 2,500.00		Fees & Costs	\$ 2,500.00		
		PHA Plan & Policies			PHA Plans & Policies			
		Site Improvement	\$ 1,000.00		Site Improvement	\$ 1,000.00		
		Maintain Landscaping			Maintain Landscaping			
		Dwelling Structures	\$ 49,509.00		Dwelling Structures	\$ 49,509.00		
		6 Whole Unit Rehabs			6 Whole Unit Rehabs			
		Non Dwelling Structures	\$ 2,500.00		Non Dwelling Structures	\$ 2,500.00		
		Maintain Storage Units			Maintain Storage Units			
		Non Dwelling Equipment	\$ 2,500.00		Non Dwelling Equipment	\$ 2,500.00		
		Riding Lawn Mower			Paint Gun			
	Total CFP Estim	ated Cost	\$ 69,774.00			\$69,774.00		

## 8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan	
Part II: Supporting Pages—Work Activities	

	Activities for Year:_4 FFY Grant: 09/2011 PHA FY: 07/2011			Activities for Year: _5 FFY Grant: 09/2012 PHA FY: 07/2012	
Development Name/Number	Major Work Categories	<b>Estimated Cost</b>	Development Name/Number	Major Work Categories	<b>Estimated Cost</b>
TX184	Operations	\$ 6,765.00	TX184	Operations	\$ 6,765.00
	Management Improvement	\$ 5,000.00		Management Improvement	\$ 5,000.00
	Training			Training	
	Fees & Costs	\$ 2,500.00		Fees & Costs	\$ 2,500.00
	PHA Plan & Policies			PHA Plan & Policies	
	Site Improvement	\$ 1,000.00		Site Improvement	\$ 1,000.00
	Maintain Landscaping			Maintain Landscaping	
	Dwelling Structures	\$ 49,509.00		Dwelling Structures	\$ 49,509.00
	6 Whole Unit Rehabs			6 Whole Unit Rehabs	
	Non Dwelling Structures	\$ 2,500.00		Non Dwelling Structures	\$ 2,500.00
	Maintain Storage Units			Maintain Storage Units	
	Non Dwelling Equipment	\$ 2,500.00		Non Dwelling Equipment	\$ 2,500.00
	Saws			Spray Washer	
Total CFP	Estimated Cost	\$ 69,774.00			\$ 69,774.00

Annual Stater	nent/Performance and Evaluation Report							
Capital Fund	Program and Capital Fund Program Replacemen	t Housing Factor (C	CFP/CFPRHF)	Part I: Su	mmary			
PHA Name: Cro	sbyton Housing Authority G	rant Type and Number			•	Fe	deral FY	
22227,00000	(	Capital Fund Program Gran	t No: <b>TX21P184</b>	50107			Grant:	
		Replacement Housing Factor				09	0/2007	
Original Ann	ual Statement Reserve for Disasters/ Emergencies	Revised Annual Statem	nent (revision no:	)				
X Performance	and Evaluation Report for Period Ending: 12/31/2007	Final Performance and	<b>Evaluation Repo</b>	rt				
Line No.	Summary by Development Account	Total Estima	nted Cost	,	Total Actua	ıl Cost	Cost	
		Original	Revised	Obliga	ted	Exp	ended	
1	Total non-CFP Funds							
2	1406 Operations	\$ 6,200.00		\$ 3	3,899.70	\$	3,899.70	
3	1408 Management Improvements	\$ 5,000.00		\$ 3	3,252.00	\$	3,252.00	
4	1410 Administration							
5	1411 Audit							
6	1415 Liquidated Damages							
7	1430 Fees and Costs	\$ 2,500.00		\$ 2	2,500.00	\$	2,500.00	
8	1440 Site Acquisition							
9	1450 Site Improvement	\$ 1,000.00		\$ 1	,000.00	\$	1,000.00	
10	1460 Dwelling Structures	\$ 50,065.00		\$ 28	3,607.05	\$	28,607.05	
11	1465.1 Dwelling Equipment—Nonexpendable							
12	1470 Non-dwelling Structures	\$ 2,500.00		\$	.00	\$	.00	
13	1475 Non-dwelling Equipment	\$ 2,500.00		\$ 1	,649.00	\$	1,649.00	
14	1485 Demolition							
15	1490 Replacement Reserve							
16	1492 Moving to Work Demonstration							
17	1495.1 Relocation Costs							
18	1499 Development Activities							
19	1501 Collaterization or Debt Service							
20	1502 Contingency							
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$ 69,774.00		\$ 37	7,842.79	\$	37,842.79	
22	Amount of line 21 Related to LBP Activities							
23	Amount of line 21 Related to Section 504 compliance							
24	Amount of line 21 Related to Security – Soft Costs							
25	Amount of Line 21 Related to Security – Hard Costs							
26	Amount of line 21 Related to Energy Conservation							
	Measures							

### Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

**Part II: Supporting Pages** 

PHA Name: Crosbyton Housing Authority		Grant Type and Number				Federal FY of Grant: 09/2007		
		Capital Fund Program Grant No: TX21P18450107						
	,	Replacemen	nt Housing Factor					
Development	General Description of	Dev.	Quantity	Total Estir	nated Cost	Total Actu	ual Cost	Status of
Number	Major Work Categories	Acct						Work
Name/HA-		No.						
Wide								
Activities								
				Original	Revised	Funds	Funds	
				C		Obligated	Expended	
TX184	Operations	1406	LS	\$ 6,209.00		\$ 3,899.70	\$ 3,899.70	
TX184	Management Improvement	1408	LS	\$ 5,000.00		\$ 3,252.00	\$ 3,252.00	
	Commissioners & Staff Training							
TX184	Fees & Costs	1430	LS	\$ 2,500.00		\$ 175.04	\$ 175.04	
	PHA Plans, Policies & Procedures							
TX184	Site Improvement	1450	LS	\$ 1,000.00		\$ 260.00	\$ 260.00	
	Maintain current Landscaping &							
	Fencing & Railings							
TX184	Dwelling Structures	1460	7	\$ 50,065.00		\$ 28,607.05	\$ 28,607.05	
	Whole Unit Rehabs &							
	Maintain Current Units							
TX184	Non Dwelling Structures	1470	5	\$ 2,500.00				
	Update & Repair Tenants &							
	Maintenance Storages							
TX184	Non Dwelling Equipment	1475	LS	\$ 2,500.00		\$ 1,649.00	\$ 1,649.00	
	Update Computer &							
	Purchase Small Copier							

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implem	_	_	unu 110g	згані Керіас	cilicit Housi	ing ractor	(CIT/CITKIII)
PHA Name: Crosbyton Housing Authority			Capital Fun	and Number d Program No: TX nt Housing Factor A		Federal FY of Grant: 09/2007	
Development Number Name/HA-Wide Activities	(Quarter Ending Date				Funds Expende arter Ending Da	Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual	
TX184	09/30/09			09/30/09			

	ement/Performance and Evaluation Report					
<b>Capital Fun</b>	d Program and Capital Fund Program Replaceme	ent Housing Factor (C	CFP/CFPRHF)	Part I: Summary		
PHA Name: Crosbyton Housing Authority		Grant Type and Number	Federal FY			
		Capital Fund Program Gran	of Grant:			
		Replacement Housing Factor			09/2006	
_	nual Statement Reserve for Disasters/ Emergencies	Revised Annual Statem	,			
	ce and Evaluation Report for Period Ending: 12/31/2007	Final Performance and				
Line No.	Summary by Development Account	Total Estima			Total Actual Cost	
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations					
3	1408 Management Improvements					
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	\$ 1,956.00		\$ 1,956.00	\$ 1,956.0	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					
19	1501 Collaterization or Debt Service					
20	1502 Contingency					
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$ 1,956.00		\$ 1,956.00	\$ 1,956.0	
22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504 compliance					
24	Amount of line 21 Related to Security – Soft Costs					
25	Amount of Line 21 Related to Security – Hard Costs					
26	Amount of line 21 Related to Energy Conservation					
	Measures					

### **Annual Statement/Performance and Evaluation Report** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) **Part II: Supporting Pages Grant Type and Number** PHA Name: Crosbyton Housing Authority Federal FY of Grant: 09/2006 Capital Fund Program Grant No: TX21P18450206 Replacement Housing Factor Grant No: Development General Description of Total Actual Cost Dev. Quantity **Total Estimated Cost** Status of Major Work Categories Number Acct Work Name/HA-No. Wide Activities Original Funds Funds Revised Obligated Expended TX184 Fees & Costs 1430 LS \$ 1,956.00 \$ 1,956.00 \$ 1,956.00

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule								
PHA Name: Crosbyton Housing Authority			Capital Fun	and Number d Program No: TX nt Housing Factor A	<b>(21P18450206</b> No:	Federal FY of Grant: 09/2006		
Development Number Name/HA-Wide Activities		All Fund Obligated (Quarter Ending Date)  All Funds Expended (Quarter Ending Date)					Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
TX184	09/30/09		11/29/07	09/30/09		11/29/07		

### **Attachment: Violence Against Women Act**

### **Violence Against Women Act – Crosbyton Housing Authority TX184**

#### **Statement:**

Crosbyton Housing Authority is dedicated to providing this community with quality, affordable housing that is decent, well maintained and free from drugs and violent crime. We endeavor to provide communities that are made up of a diverse range of economic incomes so that the children of these communities have role models that are visible, striving to make economic gains for their families. We are committed to providing our residents with as many opportunities as possible to become economically self-sufficient. We shall do all of these things while serving our residents with the highest degree of professional courtesy, empathy and respect.

#### **Goals:**

Crosbyton Housing Authority may request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking and that the incidences of threatened or actual abuse are bona fide in determining whether the protections afforded to such individuals under VAWA are applicable.

Crosbyton Housing Authority responding to an incident or incidents of actual or threatened domestic violence, dating violence or stalking that may affect a tenant's participation in the housing program to request in writing that an individual complete, sign and submit, within 14 business days of the request, a HUD- approved certification form. On the form, the individual certifies that he/she is a victim of domestic violence, dating violence, or stalking, and that the incident or incidences in question are bona fide incidences of such actual or threatened abuse. On the certification form, the individual shall provide the name of the perpetrator.

Crosbyton Housing Authority is not required to demand that an individual produce official documentation or physical proof of an individual's status as a victim of domestic violence, dating violence, sexual assault, or stalking in order to receive the protections of VAWA. Note that, Crosbyton Housing Authority at their discretion may provide assistance to an individual based solely upon the individual's statement or other corroborating evidence.

Crosbyton Housing Authority will notify tenants of their rights with VAWA including the existence of the HUD 50066 making it available at the time of admission and include with eviction/termination notice.

### **Objectives:**

Crosbyton Housing Authority protects tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.